STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011389	A. BUILDING: _____ B. WING _____	C 04/15/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE CITY PLACE	425 CHINWORTH CT WARSAW, IN 46580

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This survey was for the Investigation of Complaint IN00145188. Complaint IN00145188-Substantiated. No deficiencies related to the allegations are cited. Survey date: April 15, 2014 Facility number: 011389 Provider number: N/A AIM number: N/A Survey team: Honey Kuhn, RN Census bed type: Residential: 22 Total: 22 Census payor type: Other: 22 Total: 22 Sample: 3 Lake City Place was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00145188. Quality Review 04/15/14 by Lisa McColly	R 000		